

Maryland Telemedicine Task Force

Final Update and Next Steps

Maryland Health Quality and Cost Council

June 8, 2011

Telemedicine Task Force

- In late 2010, Secretary Colmers proposed two state agencies, MIEMMS and MHCC, direct a broader Telemedicine Task Force, to include other specialty needs in addition to stroke, via use of three advisory groups: clinical, technical, and financial
- The final report of the Task Force was approved by the Council in December 2011

Recommendations

- The advisory groups of the Task Force concluded with three main recommendations
 - ✓ State-regulated payers should reimburse for telemedicine services
 - ✓ Establish a centralized telemedicine network built on existing industry standards
 - ✓ Implement changes in licensure, credentialing, and privileging of providers to facilitate the adoption of telemedicine

Legislative Update

- On May 22, 2012, Governor Martin O'Malley signed into law *Health Insurance – Coverage for Services Delivered through Telemedicine (SB 781/HB1149)*.
 - Private insurers, nonprofit health service plans, & health maintenance organizations must provide coverage for health care services delivered through telemedicine throughout Maryland.
 - Law does specify distribution of payment between originating and distance sites.
 - Medicaid must report on feasibility of implementing telemedicine by 12/1/2012.
 - Identify any cost-neutral coverage of telemedicine that can be implemented in fiscal year 2013; and
 - Recommended what other services warrant coverage of telemedicine that would require additional funding to implement in fiscal year 2014.
- The law is effective October 1, 2012

Legislative Update (continued)

- During the 2012 legislative session, legislation was introduced, but failed to pass, for credentialing, licensing, and to create a pilot
 - HB 1399, *Hospitals - Credentialing and Privileging Process – Telemedicine*, proposed. Would authorize a hospital, in its on credentialing and privileging decisions for physicians who services patients only by “telemedicine” to rely on the credentialing and privileging decisions made for the physician by the distant-site hospital or distant-site telemedicine entity under specific federal rules.
 - HB 1400, *State Board of Physicians - Exceptions from Licensing - Physicians Authorized to Practice Medicine by Another State*, proposed. Would expand an exception from licensing by the State Board of Physicians to include a physician who resides in and is authorized to practice medicine by any other state, instead of an adjoining state, and who provides specified services by telemedicine
 - HB 759/SB 904, *MD Medical Assistance - Health Care Delivery Systems - Pilot Project*, proposed. Would establish a pilot project in DHMH to test alternative and innovative health care delivery systems that provide services to the fee-for-service Maryland Medical Assistance Program population in a specified manner. Telemedicine could have been an option

Next Steps for Telemedicine

- The MHCC plans to reconvene the Telemedicine Technology Solutions and Standards Advisory Group over the summer
 - The advisory group will be composed of representatives from State agencies, as well as CRISP, technology vendors, payers, hospital CIOs, and providers
 - The goal of the advisory group is to determine how to best implement the technology recommendation of the Task Force.
 - Legislation is not required to make progress on a technical solution

QUESTIONS?